

STATE Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

  X   Provided        No limitations   X   With limitations\*  
       Not Provided

b. Dentures.

  X   Provided        No limitations   X   With limitations\*  
       Not Provided

c. Prosthetic devices.

  X   Provided        No limitations   X   With limitations\*  
       Not Provided

d. Eyeglasses.

  X   Provided        No limitations   X   With limitations\*  
       Not Provided

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services..

  X   Provided        No limitations   X   With limitations\*  
       Not Provided

\*Description provided on attachment.

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12. a. Unless prior authorized by the Nevada Medicaid Office, prescribed outpatient drugs are limited to three outpatient prescriptions per person per month, plus prenatal vitamin/mineral supplements, contraceptives/prescriptions for family planning purposes, and those prescribed during an EPSDT exam.
1. Nevada Medicaid will meet all reporting and provision of information requirements of section 1927(b)(2) and the requirements of subsections (d) and (g) of Section 1927.
2. Covered outpatient drugs are those of any manufacturer who has entered into and complies with an agreement under section 1927(a), which are prescribed for a medically accepted indication (as defined in subsection 1927(k)(6)) of Title XIX of the Social Security Act.

a) Excluded Medications

- 1) Anorectics used for obesity control.
- 2) Fertility drugs (e.g., Clomid, Metrodin, Pergonal).
- 3) Yohimbine (e.g., Yocon).
- 4) Pharmaceuticals designated "ineffective" or "less than effective" (including identical, related, or similar drugs) by the Food and Drug Administration (FDA) as to substance or diagnosis for which prescribed.
- 5) Pharmaceuticals considered "experimental" as to substance or diagnosis for which prescribed.
- 6) Pharmaceuticals manufactured by companies not participating in the Medicaid Drug Rebate Program unless rated "1-A" by the FDA.
- 7) Agents used for cosmetic purposes or hair growth.

b) Restricted Medications

- 1) Amphetamine (e.g., Dexedrine).
- 2) Amphetamine combinations (e.g., Adderall)
- 3) Chorionic Gonadotropin (e.g., HCG).

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- 4) Dipyridamole (covered for cardiac valve replacement patients only).
- 5) Donepezil Hydrochloride (eg. Aricept)
- 6) Erythropoietin (e.g., Epogen, Procit).
- 7) Gonadotropin - releasing hormone analog (e.g., Lupron, Zoladex).
- 8) Growth Hormone (e.g., Protropin).
- 9) Interferon (all combinations manufactured by recombinant DNA technology) (e.g., Betaseron).
- 10) Intravenous therapy.
- 11) Methylphenidate (e.g., Ritalin).
- 12) Non-legend pharmaceuticals.
- 13) Nutritional supplements or replacements.
- 14) Pemoline (e.g., Cylert).
- 15) Pulmozyme.
- 16) Tacrine (e.g., Cognex).
- 17) Vitamins, vitamin/mineral combinations, or hematinics.

3. The State will not pay for covered outpatients drugs of a non-participating manufacturer, except for drugs rated "1-A" and "1-AA" by the FDA. If such a medication is essential to the health of a recipient and a physician has obtained approval for use of the drugs in advance of its dispensing, it may be covered by the program pursuant to section 1927(a)(3).

4. The State will operate any new rebate agreements with manufacturers in conformance with law, and will obtain HCFA approval for any new agreements.

5. Pursuant to section 1927(d)(5) the State will retain the option of a prior authorization requirement on covered outpatient drugs (listed in 2B) and pursuant to the law provides the assurance that the requirements in section 1927(d)(5)(A) and (B) are met.

a) The State will not subject to prior authorization any new drugs for the first six month period after FDA approval and upon notification by the manufacturer of the new drug (including excluded/restricted drugs). After said period has elapsed, the State will review any new additions to the formulary for possible status changes.

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- b) The State will respond to a prior authorization request within 24 hours of receipt by telephone or other telecommunication. The State will provide for the dispensing of at least a 72 hour supply of the drug in an emergency situation and will ensure that it responds to a prior authorization request before the emergency supply is exhausted. An emergency is defined as "that case in which delay of more than 24 hours could result in very severe pain, loss of life, limb, eyesight, or hearing, injury to self, or bodily harm to others."
  - c) The State will provide an annual written assurance to the Secretary that the prior authorization program established by the State does not prevent recipients from gaining access to medically needed drugs.
6. Pursuant to section 1927(d)(7) the State has established a maximum quantity of medication per prescription as a 34 day supply.
- a) In those cases where less than a 30 day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.
  - b) In nursing facilities if the prescriber fails to indicate the duration of therapy for a maintenance drug, the pharmacy must estimate and provide at least a 30 day supply.
12. b. Dentures require prior authorization of the Medicaid Dental Consultant.
- c. Prosthetic devices must be prescribed by a physician or osteopath and must be prior authorized by the Nevada Medicaid Office on Form NMO-3.
  - d. Eyeglasses are limited to those prescribed to correct a visual defect of at least  $\pm .50$  diopters or  $10^\circ$  axis once in 24 months. In addition, they are available on the periodicity schedule established for EPSDT.

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b. Screening services.

☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

c. Preventive services.

☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

d. Rehabilitative services.

☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

b. Nursing facility services.

☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not Provided

\*Description provided on attachment.

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State Nevada

13. A. Adult Day Health Care services require prior authorization from the Medicaid office on Form NMO-3. As an alternative to prior authorization, facilities have the option of requesting retrospective Medicaid reviews to decide approval or denial of payment. Facilities meet Adult Day Health Care program requirements as specified in the Medicaid Services Manual, Chapter XVIII, and as authorized under NRS 449.004.

B. Diagnostic Services. Provided under the EPSDT program.

C. Screening Services. Annual mammography provided to women aged 40 and over. Screening services also provided under the EPSDT program.

D. Preventive Services. Annual gynecological and breast examinations with pap smear tests provided to women who are or have been sexually active or are age 18 and over. Preventive services also provided under the EPSDT PROGRAM.

E. Rehabilitative Service for the Physically Disabled community-based rehabilitation service to transition disabled recipients from inpatient care to independent living and to maintain community placement for recipients in jeopardy of institutionalization.

1. Transitional Living Centers. Prior authorized short-term placement to retrain disabled recipients in the activities of daily living.

2. Comprehensive Day Treatment. Prior authorized outpatient rehabilitation to maintain independent living.

3. Life-Skills Trainers. Prior authorized life-skills training in a group residential home.

F. Mental Health Rehabilitative Services:

1. **Services for Children and Adolescents:**

Mental Health Rehabilitative Services refers to those services, as defined below, which are provided with the primary purpose of treatment or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder for the services stipulated below. Individuals must have a functional impairment in major life activities including substantial limitations in basic living skills, occupational-education adjustment, self-care, social/interpersonal skills or communication skills. All such services are reimbursable only when provided as a result of a referral from a licensed physician or other licensed practitioner of the healing arts. Services must be provided in accordance with a written plan of care which has been approved by the case manager.

Services to be provided:

- a. Intensive Community Based Treatment - Intensive Community Based Treatment Services are designed to reduce the need for long-term institutional or hospital psychiatric care on the part of the child. Services include, but are not limited to: assessment; family therapy; crisis counseling, and environmental interventions on the child's behalf. Environmental interventions provide direct services to assist community care givers in treating and correcting the child's social/interpersonal problems, emotional control deficits, and self-care problems, in order to restore the child's ability to function in various community environments. In contrast to targeted case management, intensive community-based treatment requires direct face-to-face intervention as part of the service. Community-based

services are those rendered in the natural environment of the youth and family, as well as in office settings. Frequency of contact is variable and determined by the level of need exhibited by the child and family, with an average case requiring approximately five hours of a clinician's time per week. Intensive community-based treatment may occur on a short-term crisis basis or a long-term basis. Medicaid reimburses Intensive Community Based Treatment on a per-hour basis in accordance with Attachment 4.19-B of the State Plan. (See Crisis Intervention for Adults.)

- b. **Rehabilitative Partial Care** - Services are a free standing day treatment program provided through a psychiatric hospital partial care program, or as a therapeutic program operated in conjunction with educational services. Day treatment programs provide at least two hours per day of counseling, occupational training, skill training with an emphasis on interpersonal problem solving skills and life skills, recreational therapy, crisis intervention and family services. (See Psychosocial Rehabilitation for Adults.) The Partial Care Program is staffed by a licensed psychologist, social worker, or marriage/family therapists, with psychiatric, recreation therapy, and other specialty services available. Medicaid reimburses Rehabilitative Partial Care on a per-hour basis.
- c. **Therapeutic Foster Care** - This program is offered to eligible children who cannot remain in their own homes or in normal group care or foster care settings. Therapeutic Foster Care parents are specially recruited and professionally trained to work with troubled children. Bachelor's level clinicians provide the training and ongoing intensive clinical support to meet children's basic living, psychotherapeutic, socialization, and skill-training needs. In contrast to other residential care facilities, no more than two children are placed in each therapeutic foster home. Bachelor's level professionals provide monitoring and supervision of these homes at a ratio of eight homes to one professional. Placement in Therapeutic Foster Care may be on a short-term basis or long-term basis. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.
- d. **Residential Treatment Levels I** - Level I Residential Treatment consists of group or family-based residential care in a facility of 16 beds or less that provides a stable, nurturing environment for the child. Level I care facilities provide a structured, therapeutic routine that assists in remediating deficits in emotional control, social skills, independent living skills, and self-care in accordance with the child's treatment plan. Level I care is staffed by individuals who have special training to deal with developmental, behavioral, and/or emotional problems of children and adolescents. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.

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- e. Residential Treatment Levels II - Level II Residential Treatment provides a structured therapeutic routine in a facility of 16 beds or less that assists in remediating emotional control deficits, social skills problems, independent living skills problems, and self-care problems exhibited by the child. In addition, Level II care provides professional therapy to the child and family in accordance with the individualized case plan. Level II facilities work with other community care givers to remediate emotional problems exhibited by the child and to restore the child's optimal functioning in the community settings. Level II care facilities are staffed by individuals who have specialized training in mental health treatment. Individual and group therapeutic activities are an integral part of the daily routine. At least one of the direct care staff is a bachelor's level professional with training in child development, psychology, counseling, education or a related field. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.
- f. Residential Treatment Levels III - Level III Residential Treatment consists of community-based group care in a facility of 16 beds or less which provides a structured, therapeutic milieu with onsite supervision by professional level staff. Level III Residential Treatment provides a structured therapeutic daily routine which assists in remediating the child's emotional control deficits, social skills problems, independent living skills problems and self-care deficits. In addition to providing child and family therapy, Level III facilities provide direct services to the child's care givers in other community settings in order to remediate emotional problems and restore adequate functioning in these settings. These facilities also provide short-term crisis intervention when children are suicidal, assaultive, self-destructive or have medical emergencies. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.
- g. Residential Treatment Levels IV - Level IV Residential Treatment provides 24-hour intensive treatment of youth in a semi-secure facility of 16 beds or less. Level IV care provides treatment by a multi-disciplinary professional team including psychological, psychiatric and nursing care. Daily care is provided by bachelor's level professionals with training in social work, psychology, child development, education, or counseling, assisted by paraprofessionals. Daily care is clinically supervised by a team of licensed professionals. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.
- h. Residential Treatment Levels V - Crisis Residential Services are provided in a secure, medically supervised facility of 16 beds or less. In addition to 24-hour monitoring, these facilities provide ongoing medical supervision of children. Crisis residential services provide intensive intervention techniques with children and adolescents such as mechanical restraint, seclusion and chemical restraint. The child's treatment plan

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is developed and monitored by a team of professionals including physician, psychiatrist, a licensed psychologist, a nurse and other mental health professionals. Level V facilities are frequently located in hospitals or other institutional settings which may be physically and/or staff secured. (See Residential Rehabilitation for Adults.) Medicaid reimburses treatment services on a daily rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan, excluding room and board costs.

- i. Rehabilitation Skills Training - Rehabilitative Skills Training is provided to children with eligible disorders who need periodic intervention into their living environment to achieve stable, successful long-term outcomes. Rehabilitation skills trainers participate in behavior management and remedial skills training. Services are provided to each child and family in their residence or in actual life situations in the community. Client training is focused on the development of daily living skills such as safety, self-help skills, household management and self-management. Paraprofessionals provide face-to-face intervention with the child and/or family under the supervision of a master's level professional trained in rehabilitation, social work, psychology, counseling, education or related area. Frequency of contact is variable and based on the needs of the child, but averages ten hours weekly. (See Individual Living Training for Adults.) Medicaid reimburses on an hourly rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan.
- j. Rehabilitative Therapy - Rehabilitative therapy means treatment provided to a child in order to correct deficits in the child's cognitive, social or emotional, adaptive, communication, or physical functioning, including visual and hearing. These treatments are recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law for maximum reduction of physical or mental disability and restoration of a recipient to their best possible functional level. Deficits are revealed through comprehensive screening, examination and evaluation. Rehabilitation therapy is provision of direct hands-on treatment with the child in accordance with the Individualized Family Services Plan (IFSP) to ameliorate deficits; provision of instruction to parents and to caregivers in assisting them in planning and maintaining a daily therapeutic regimen related to regaining the child's progress; provision of direct hands-on treatment with the child, in consultation with a therapist, to reinforce services delivered in therapy sessions which are necessary to regain child's functioning. Rehabilitation therapy may be provided in individual or group settings for several hours per week in the following locations: hospital; home; day care center; or other clinic setting. Rehabilitation therapy is provided by professionals who are licensed by the State Department of Education as Child Development Specialists. Medicaid reimburses on an hourly rate determined in accordance with the methods described in Attachment 4.19-B of the State Plan for Medical Assistance.

Providers must have two years of experience in furnishing comprehensive mental health services for children to age 18 with mental illness and disabilities. Comprehensive services include inpatient, outpatient counseling, case management, partial hospitalization, medication clinic services and all services listed above. Rehabilitative services will be tailored to be flexible to the child's individual needs as specified in the individualized plan of care. The individualized plan of care will be provided following an assessment of each client's level of functioning and full range of treatment needs. Services may be delivered on a short-term crisis basis (0 to 6 months) or a long-term basis (6 to 18 months).

## 2. Services for Adults:

Mental Health Services rehabilitative services refers to those services, as defined below, which are provided with the primary purpose of treatment or rehabilitation of a mental disorder, or a dysfunction related to a mental disorder for the services stipulated below. Individuals must have a functional impairment in major life activities including substantial limitations in basic living skills, occupational-education adjustment, self-care, social/interpersonal skills or communication skills. All such services are reimbursable only when provided as a result of a referral from a licensed physician or other licensed practitioner of the healing arts. Services must be provided in accordance with a written plan of care which has been approved by the primary case manager.

Services to be provided:

- a. Independent Living Training - Independent living training is instruction in basic living skills including household management, self care, social-communication skills, occupational-educational performance and medication compliance within the environment in which they live. Services are provided in the home or other community settings, must be reviewed and recommended at least every 90 days and must be based on an objective assessment of the recipient's skill deficits. (See Rehabilitative Skills Training for Children and Adolescents.) Medicaid reimburses on an hourly rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan.
- b. Psychosocial Rehabilitation - Psychosocial rehabilitation is offered five to seven days per week at least two hours per day to severely impaired adults in transition from inpatient care to community living including training in basic living skills, personal care, social skills and communication skills. These services are highly structured and are targeted for the reduction of severe psychiatric symptoms and increased functioning in the community. (See Rehabilitative Partial Care for Children and Adolescents.) Medicaid reimburses on an hourly rate calculated in accordance with the method described in Attachment 4.19-B of the State Plan.
- c. Crisis Intervention - Crisis intervention services, including instruction and skills to manage personal distress, are provided to clients who are experiencing a psychiatric crisis and a high level of personal distress to provide brief and immediate intensive intervention, to reduce symptomatology, to stabilize

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